

S U R V I V O R S H I P A F F I D A V I T

STATE OF INDIANA

SS:

COUNTY OF LAKE

IRENE A. KRUPINSKI, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, EUGENE J. KRUPINSKI died (without leaving a will) ~~on the 27th day of December~~ on the 27th day of December, 1990, at Chicago Heights, Illinois

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The West 100 feet of the East 495 feet of that part of the South 80 acres of Section 36, Township 36 North, Range 10, West of the 2nd P.M., which lies East of the highway running in a Northeasterly and Southwesterly direction through said tract and known as Columbia Avenue, situated in the Town of Munster, Lake County, Indiana. c/k/a: 715 Main Street, Munster, Indiana Tax Key # 28-22-15

FILED

MAY 22 1991

Ann N. Carter
ALCOA LAW CLERK

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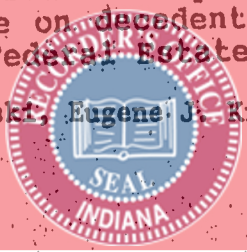
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

6. Eugene Krupinski, Eugene J. Krupinski, and Eugene S. Krupinski are one and the same.

FURTHER AFFIANT SAYETH NOT.



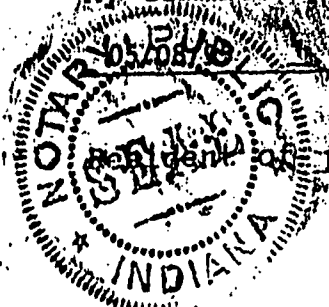
STATE OF INDIANA / S.S. NO. 16. MAY 22 1991

Irene A. Krupinski
IRENE A. KRUPINSKI

Subscribed and sworn to before me, a Notary Public, this 15th day of May, 1991.

My Commission Expires:

Rudolph Tanasijevich
NOTARY PUBLIC



Resident of Lake County.

This instrument prepared by Rudolph Tanasijevich, Attorney at Law, 5231 Hohman Avenue, Suite 818 Hammond, IN 46320

MAIL TO: RUDOLPH TANASIJEVICH
5231 HOHMAN AVE SUITE 818
HAMO, IN 46320

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POC

REGISTRATION DISTRICT NO. **16.32**
REGISTERED NUMBER **794**

STATE OF ILLINOIS

Rudolph J. Janaszewski
STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. EUGENE		FIRST MIDDLE LAST		2. MALE		3. DECEMBER 27, 1990	
4. COOK		AGE—LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)		5d. MARCH 28, 1918	
6a. CHICAGO HEIGHTS		6b. ST JAMES HOSPITAL AND HEALTH CENTERS		IF HOSP. OR INST. INDICATE D.O.A. OPENED FOR PATIENT (SPECIFY)		6c. INPATIENT	
7. DAYTON, OHIO		8a. MARRIED		8b. IRENE KACZMAREK		9. YES	
10. 304-14-7800		11a. MACHINIST		11b. AMERICAN STEEL		12. 12	
13a. 715 MAIN STREET		13b. MUNSTER		13c. YES		13d. LAKE	
13e. INDIANA		13f. 46321		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
15. JOSEPH		16. KRUPINSKI		17. N.A.			
17a. ELIZABETH A GIANNETTI		17b. MEDICAL RECORDS		17c. 1423 CHICAGO ROAD CHICAGO HEIGHTS, ILL. 60411			
18. PART I		Enter the diseases, or complications, that caused the death. Do not enter the mode of death, such as car, fall, or gunshot, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Immediate Cause (Final disease or condition resulting in death)		(a) PNEUMONIA		DUE TO, OR AS A CONSEQUENCE OF		MAY 22 1991	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) SEPSIS		DUE TO, OR AS A CONSEQUENCE OF			
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:		CARCINOMA KIDNEY, CARCINOMA PAROTID HYPERTENSION		19a. <input type="checkbox"/> YES <input type="checkbox"/> NO		19b. <input type="checkbox"/> YES <input type="checkbox"/> NO	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. 12-27-90		21c. 6:20 P.M.		21d. 12-28-90	
22a. SIGNATURE: <i>S. Manatt</i>		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) SAVIO MANATT M.D. 1400 OTTO BLVD.		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) DR. RAJA GOWDA M.D.		22d. ILLINOIS LICENSE NUMBER: 036-669553	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24a. BURIAL		24b. CHAPEL LAWN Cem.		24c. SCHERREAVILLE, INDIANA	
25a. SOLAN FUNERAL HOME		25b. <i>Anthony Solan</i>		25c. 4448 ILL.		25d. 12-28-1990	
26a. <i>John M. Costabile</i>		26b. December 28, 1990					

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Anna N. Anton



Key
26-22-15
1-781 A

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: **DEC 28 1990** SIGNED: *John M. Costabile* 01289
AT: **CHICAGO HEIGHTS, IL 60411** TITLE: **LOCAL REGISTRAR**

